

Comparing Medicare Options

You can get your Medicare benefits through Original Medicare or through a Medicare private health plan (Medicare Advantage plans). Original Medicare is provided by the federal government and Medicare Advantage plans are provided by private companies. There are many different types of private health plans. The most popular are Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), and Private Fee-for-Service Plans (PFFS). Other types of plans include: Point-of-Service Plans (POS), Provider-Sponsored Organizations (PSO), Special Needs Plans (SNP) and Medicare Medical Savings Accounts (MSA).

Benefit	Original Medicare	Medicare HMO	Medicare PPO	Medicare PFFS
Choice of any Doctor	Almost all doctors see Original Medicare patients.	No. Most plans require you to use providers within the plan's network, except in emergency or urgent situations. Some plans may allow you to see out-of-network providers. Check with your plan to see which providers they will cover.	Yes. You can see any provider you want, but you may pay more if you see out-of-network providers. Check with your plan to see which providers are in network.	Maybe. You can go to any provider who is in network or out of network who accepts the plan's conditions. You may pay more for out-of-network providers.
Easy access to specialists	Yes. No prior authorization or referral is needed.	Maybe. You will usually need a referral from your Primary Care Physician (PCP) to see a specialist.	Yes. You don't need a referral to see a specialist, but you may pay more if you see an out-of-network provider without prior approval from the plan.	Maybe. Providers must accept the plan's conditions, and some specialists may not accept the plan's conditions.
Coverage away from home	Yes. Original Medicare covers you anywhere in the United States. Most services outside of the U.S. are not covered.	No. You can receive care outside of your network in an emergency or urgent situation. Some plans may allow you to receive coverage outside the service area.	Yes. Plans must cover you out of network and outside of your service area, but you may pay more if you go out of network. In emergency or urgent situations plans cannot charge you more for going out of network or leaving your service area.	Maybe. You can see any provider who accepts the plan's conditions even if they are out of your service area. You may pay more if the provider is not in network.
Prescription drug coverage	No. You may purchase a prescription drug plan (PDP).	Maybe. Review your plan's details to see if the plan includes drug coverage. If the plan includes drug coverage you should review the formulary (list of covered drugs) to make sure it covers your drugs without any restrictions.	Maybe. Review your plan's details to see if the plan includes drug coverage. If the plan includes drug coverage you should review the formulary (list of covered drugs) to make sure it covers your drugs without any restrictions.	Maybe. Review your plan's details to see if the plan includes drug coverage. If the plan includes drug coverage you should review the formulary to make sure it covers your drugs without any restrictions. If your plan does not offer drug coverage you may purchase a stand-alone prescription drug plan (PDP).
Additional benefits	No. Does not cover most vision care, most dental care or hearing aids.	Maybe. Additional benefits, such as vision care, dental care and hearing aids may be covered by your plan. Check with your plan to see which additional benefits it covers.	Maybe. Additional benefits, such as vision care, dental care and hearing aids may be covered by your plan. Check with your plan to see which additional benefits it covers.	Maybe. Additional benefits, such as vision care, dental care and hearing aids may be covered by your plan. Check with your plan to see which additional benefits it covers.
Costs	You may have high out-of-pocket costs. You can limit your costs by purchasing a Medigap plan and/or a prescription drug plan. If your income and assets are low, you may be eligible for programs that can help pay some of your costs.	You may need to pay an extra HMO premium (in addition to the Part B premium). Most plans require a copay for each visit. If you see a provider without the plan's permission you may have to pay the full cost out of pocket. Plans may be able to charge more than Original Medicare for certain services. There must be an annual out-of-pocket limit on how much you pay. If your income and assets are low, you may be eligible for programs that can help pay some of your costs.	You may need to pay an extra PPO premium (in addition to the Part B premium). Most plans require a copay for each visit. There may be additional deductibles or coinsurances for out-of-network services. Plans may be able to charge more than Original Medicare for certain services. There must be an annual out-of-pocket limit on how much you pay. If your income and assets are low, you may be eligible for programs that can help pay some of your costs.	You may need to pay an extra PFFS premium (in addition to the Part B premium). Most plans require a copay for each visit. You may pay more if you see out-of-network providers. Plans may be able to charge more than Original Medicare for certain services. There must be an annual out-of-pocket limit on how much you pay. If your income and assets are low, you may be eligible for programs that can help pay some of your costs.